ATTORNEY DOCKET NO.: P-9618 Express Mail EL 799 066 260 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

Total Pages

х х CNAMED INVENTOR OR APPLICATION IDENTIFIER:

Riff et al.

MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK SCHEME FOR REMOTE PATIENT MANAGEMENT CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and

the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an Sue McCoy

rence Printed Name

Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231 We are transmitting herewith the attached: Patent Application Transmittal Specification: Total pages: 52_(including claims and abstract: Spec. 32 sheets; Claims 19 sheets; Abstract 1 х Drawings: Total sheets: 8 ⊠ informal ☐ formal Combined Declaration and Power of Attorney: (UNEXECUTED) newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or above is considered as being part of the disclosure of the accompanying application and declaration is supplied is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: ☐ Continuation-in-part (CIP) Divisional Continuation of prior application No. / Amend the specification by inserting before the first line the sentence: This application is a \square continuation П of application number , filed ____ continuation in part division of the prior application before calculating the filing fee. Cancel in this application original claims (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. П The Power of Attorney in the prior application is to: _

х

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/228,961, filed August 29, 2000, Serial No.(s) 60/228,674, filed August 29, 2000, Serial No.(s) 60/228,696, filed August 29, 2000, Serial No.(s) 60/228,685, filed August 20, 2000, Serial No.(s) 60/228,685, filed August 20, 2000, Serial No.(s) 60/228,685, filed August 20, 2000, Serial No.(s) 60/228, 680, Serial No.(s) 60/228, 2000, Serial No.(s) 60/228,645, filed August 29, 2000, Serial No.(s) 60/228,699, filed August 29, 2000, Serial No.(s) 60/228,698, filed August 29, 2000, Serial No.(s) 60/228,697, filed August 29, 2000, and Serial No.(s) 60/228,696, filed August 29, 2000.

Address all future correspondence to:

Girma Wolde-Michael, Reg. No. 36,724 Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 phone: (763)514-6402

FEE CALCULATION	No. of Claims Filed	Claims Inclu	ded in	No. of Extra Claims	Rate	Fee
Total Claims	74	20	=	54	x 18	972
Independent Claims	30	3	=	27	x 80	2160
Multiple Dependent Claims	0				+ 270	0
Basic Filing Fee						710
					TOTAL	3842

Charge Deposit Account No. 13-2546 the sum of \$3842.00 (Filing Fee) for a total of \$3842.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Girma Wolde-Michael, Reg. No. 36,724

MEDTRONIC, INC. 7000 Central Avenue N.E. Minneapolis, Minnesota 55432

Telephone: (763) 514-6402